| | Filing Fee \$100.00 |
|---|--|
| LIMITED LIABILITY COMPANY | |
| STATE OF MAINE | |
| CERTIFICATE OF MERGER OF | |
| | |
| | |
| ganized under the laws ofand others (see below) | Deputy Secretary of State |
| INTO | A True Copy When Attested By Signature |
| rganized under the laws of | Deputy Secretary of State |
| | |
| | |

Pursuant to 31 MRSA §744.1, the members of each participating limited liability company approved an agreement of merger and the undersigned limited liability companies execute, adopt and deliver for filing the following Certificate of Merger:

| FIRST: | The participating limited liability companies and jurisdictions: | | |
|----------|--|--|--|
| | Name of Limited Liability Company | Jurisdiction | |
| | | | |
| | | | |
| | (Use additional sheets if necessary.) | | |
| SECOND: | An agreement of merger has been approved and executed by | each limited liability entity that is a party to the merger. | |
| THIRD: | The name of the surviving limited liability company is | ; | |
| | and it is to be governed by the laws of the jurisdiction of | | |
| FOURTH: | Any changes to the articles of organization of the surviving lia and are made a part hereof. If no changes, "X" the following | | |
| FIFTH: | Effective date of the merger (if other than date of filing of the | e Certificate) is | |
| | (Not to exceed 60 days from date of filing of | of the Certificate) | |
| SIXTH: | The agreement of merger is on file at a place of business of address: | the surviving limited liability company at the following | |
| | | | |
| SEVENTH: | A copy of the agreement of merger will be furnished by | the surviving limited liability company on request and | |

without cost, to a person holding an interest in a limited liability company that is to merge.

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| obligation of a party to the merger | that was organized under the laws of this State, as well as for | |
|---|---|--|
| (2) Appoints the Secretary of St | enforcement of an obligation of the surviving limited liability company arising from the merger; and (2) Appoints the Secretary of State as its agent for service of process in any such proceeding. The following is the address to which a copy of the process must be mailed by the Secretary of State: | |
| | | |
| Name of participating domestic limited liability company | | |
| DATED | | |
| Manager(s)/Member(s)* | | |
| (signature) | (type or print name and capacity) | |
| For Manager(s)/Member(s) which are Entities | | |
| Name of Entity | | |
| By (authorized signature) | (type or print name and capacity) | |
| Name and jurisdiction of participating limited liability compar | ny | |
| DATED | | |
| Manager(s)/Member(s)* | | |
| (signature) | (type or print name and capacity) | |
| For Manager(s)/Member(s) which are Entities | | |
| Name of Entity | | |
| By (authorized signature) | | |
| (authorized signature) | (type or print name and capacity) | |
| (Use additional sheets if necessary.) | | |
| *Certificate MUST be signed by: (1) at least one manager OR | | |

If the surviving limited liability company is not organized under the laws of this State, the survivor:

- (2) at least one member if the limited liability company is managed by the members **OR**
- (3) any duly authorized person.

EIGHTH:

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.